2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N12897

FILED May 04, 2001 8:00 am Secretary of State

PLANTAT	TION BAY COMMUNITY ASSO				05-04-2001 90172 035 ****61.25				
Principal Place	e of Business	Mailing Address							
100 PLANTATION BAY DR. DRMOND BEACH FL 32174 JS		100 PLANTATION BAY DR. ORMOND BEACH FL 32174 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number	4. FEI Number 59-2703068 Applied For Not Applicable			
Zip	Country	Zip	Cou	ntry	5. Certificate of	of Status Desired	\$8.75 Addi	itional	
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New Registe	red Agent		
				Name	/0.0.0				
Hapiuk, n 100 plani	iancy d Taton Bay dr.			Street Addr	ess (P.O. Box Number	r is Not Acceptable)			
103 A. NO	rth lake dr.			Otto					
ORMOND	BEACH FL 32174			City			FL Zip Code	;	
	FILE NOW: FEE IS \$61.25			\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHA	ANGES TO OFFICERS AN	D DIRECTORS IN		
IITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AFFLEBACH, JACK 100 PLANTATION DRIVE ORMOND BEACH FL 32174	≯ Delete		E E ET ADDRESS -ST-ZIP	Ross, Do 2359 Beu	uglas R,: He Rd Beach, Fl chalo	TR Change	☐ Addition	E037 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSS, DOUGLAS R JR. 2359 BEVILLE RD DAYTONA BEACH FL 32119	™ Delete		E EET ADDRESS -ST-ZIP	VPO 5 mith, Ri 1359 Beuil Daytona	chalo //e RD. Beach, FL	© Change 32/19	Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRINDER, JEAN 100 PLANTATION DRIVE ORMOND BEACH FL 32-1119	☐ Delete	1	:			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IRLAND, CHARLENE B 2359 BEVILLE RD. DAYTONA BEACH FL	☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CFTY-ST-ZIP	D HOSSEINE, MORI 2359 BEVILLE ROAD DAYTONA BEACH FL 32119	☐ Delete		í			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORFMAN, ALLEN K 12 LANDINGS LN. ORMOND BEACH FL 32174 Certify that the information supplied with	☐ Delete	CITY	ie Eet address '-st-zip			☐ Change	Addition	

Thereby destrip that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or distee enpowered of execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-437-8802